

## Division of Energy, Mineral and Land Resources Land Quality Section

National Pollutant Discharge Elimination System

FOR AGENCY USE ONLY								
Date Received								
Year		Month			Day			
Certificate of Coverage								
N	C G							
Check #		Amount						
Permit Assigned to								

## NCG130000

## **NOTICE OF INTENT**

National Pollutant Discharge Elimination System application for coverage under General Permit NCG130000:

#### STORMWATER DISCHARGES associated with activities classified as:

The wholesale trade of non-metal waste and scrap (hereafter referred to as the non-metal waste recycling industry) a portion of SIC\* 5093; and like activities deemed by DEMLR to be similar in the process and/or the exposure of raw materials, products, by-products, or waste materials (SIC\* N/A)

### The following activities are specifically excluded from coverage under this General Permit:

- Establishments primarily engaged in the wholesale trade of metal waste and scrap, iron and steel scrap, and nonferrous metal scrap (hereafter referred to as the metal waste recycling industry)
- Establishments primarily engaged in waste oil recycling
- Establishments primarily engaged in automobile wrecking for scrap

#### (Please print or type)

1) Mailing address of owner/operator (address to which all permit correspondence will be mailed):

Latitude	Longitude	(degrees	, minutes, seconds)			
(A copy of a county map	or USGS quad sheet with facility clearly loc	ated on the map is required	to be submitted with this application)			
•		• •				
Physical Location Information:						
City County Telephone No.			ZIP Code			
Street Address						
Facility Contact						
Facility Name						
Location of facility	producing discharge:					
E-mail Address						
Telephone No.		Fax:				
City		State	ZIP Code			
	Telephone No. E-mail Address  Location of facility Facility Name Facility Contact Contact E-mail Street Address City County Telephone No. Physical Location Please provide a nadistance and direction (A copy of a county map	Street Address City Telephone No. E-mail Address  Location of facility producing discharge: Facility Name Facility Contact Contact E-mail Street Address City County Telephone No.  Physical Location Information: Please provide a narrative description of how to get distance and direction from a roadway intersection).  (A copy of a county map or USGS quad sheet with facility clearly location.)	Street Address City State Telephone No. Fax: E-mail Address  Location of facility producing discharge: Facility Name Facility Contact Contact E-mail Street Address City State County Telephone No. Fax:			

Page 1 of 4

<sup>\*</sup> Standard Industrial Classification Code

# NCG130000 N.O.I.

5)	This NPDES Permit Application applies to which of the following :						
	<ul><li>□ New or Proposed Facility</li><li>□ Existing</li><li>Date operation is to begin</li></ul>						
6)	Standard Industrial Classification:						
	Provide the 4 digit Standard Industrial Classification Code (SIC Code) that describes the primary industrial activity at this facility						
	SIC Code:						
7)	Provide a brief narrative description of the types of industrial activities and products manufactured at his facility:						
8)	Discharge points:						
	How many discharge points (ditches, pipes, channels, etc.) convey stormwater from the property?						
9)	Receiving waters:						
	What is the name of the body or bodies of water (creek, stream, river, lake, etc.) that the facility stormwater discharges end up in?						
	If the site stormwater discharges to a separate storm sewer system, name the operator of the separate storm sewer system (e.g. City of Raleigh municipal storm sewer).						
10)	Does this facility have any other NPDES permits?						
	□ No						
	☐ Yes						
	If yes, list the permit numbers for all current NPDES permits for this facility:						
11)	Does this facility have any Non-Discharge permits (ex: recycle permits)?						
	□ No						
	☐ Yes  If yes, list the permit numbers for all current Non-Discharge permits for this facility:						
12)	Does this facility employ any best management practices for stormwater control?						
,							
	□ Yes						
	If yes, please briefly describe:						
13)	Does this facility have a Stormwater Pollution Prevention Plan?						
	□ No						
	□ Yes						
	If yes, when was it implemented?						
14)	Are vehicle maintenance activities occurring at this facility?						
	□ No □ Yes						

# NCG130000 N.O.I.

15)	Hazardous Waste:						
	a)	Is this facility a Hazardous Waste Treatment, Storage, or Disposal Facility? $\hfill\square$ No $\hfill\square$ Yes					
	b)	Is this facility a Small Quantity Generator (less than 1000 kg. of hazardous waste generated per month) of hazardous waste? $\Box$ No $\Box$ Yes					
	c)	Is this facility a Large Quantity Generator (1000 kg. or more of hazardous waste generated per month) of hazardous waste?  □ No □ Yes					
	d)	If you answered yes to questions b. or c., please provide the following information:					
	Type(s) of waste:						
		How is material stored:					
		Where is material stored:					
		Name of transport / disposal vendor:					
		Vendor address:					
16)		rtification:					
	No	rth Carolina General Statute 143-215.6 b (i) provides that:					
docu state rend [Env	imen emen ers ii	on who knowingly makes any false statement, representation, or certification in any application, record, report, plan, or other it filed or required to be maintained under this Article or a rule implementing this Article; or who knowingly makes a false it of a material fact in a rulemaking proceeding or contested case under this Article; or who falsifies, tampers with, or knowingly naccurate any recording or monitoring device or method required to be operated or maintained under this Article or rules of the nental Management] Commission implementing this Article shall be guilty of a Class 2 misdemeanor which may include a fine not to en thousand dollars (\$10,000).					
	will	ereby request coverage under the referenced General Permit. I understand that coverage under this permit constitute the permit requirements for the discharge(s) and is enforceable in the same manner as an ividual permit.					
	I certify that I am familiar with the information contained in this application and that to the best of my knowledge and belief such information is true, complete, and accurate.						
	Printed Name of Person Signing: Title:						
		(Signature of Applicant) (Date Signed)					

Notice of Intent must be accompanied by a check or money order for \$100.00 made payable to NCDENR

### NCG130000 N.O.I.

## **Final Checklist**

### This application will be returned as incomplete unless all of the following items have been included:

- ☐ Check for \$100 made payable to NCDENR
- ☐ This completed application and all supporting documents
- Copy of county map or USGS quad sheet with location of facility clearly marked on map

## Mail the entire package to:

Stormwater and General Permits Unit Program Division of Energy, Mineral and Land Resources 1612 Mail Service Center Raleigh, North Carolina 27699-1612

#### Note

The submission of this document does not guarantee the issuance of an NPDES permit.

For questions, please contact the DEMLR Central Office or Regional Office for your area.

### **DEMLR Regional Office Contact Information:**

Asheville Office ...... (828) 296-4500
Fayetteville Office .... (910) 433-3300
Mooresville Office ... (704) 663-1699
Raleigh Office ..... (919) 791-4200
Washington Office ... (252) 946-6481
Wilmington Office ... (910) 796-7215
Winston-Salem ..... (336) 771-5000
Central Office .... (919) 807-6300



Page 4 of 4